2444

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02430

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Denton
LENGTH OF STAY (in this place) 50yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williston, Rural Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Arkansas Virginia Dorsey Daffin.

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1954.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Emmitsburgh, Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Singleton Dorsey.

14. MOTHER'S MAIDEN NAME: Elizabeth Briggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Rosa Highnutt, Williston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Thrombosis Chronic — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis Generalized — Several yrs.

DUE TO

(c)

902.0

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1953

19b. MAJOR FINDINGS OF OPERATION: Fractured Hip—

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Denton (COUNTY): Caroline (STATE): Md

TIME OF INJURY (Month) Sept (Day) (Year) 1953 (Hour) AM

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Fell over chair

22. I hereby certify that I attended the deceased from Sept 1950, to Mar 15, 1954, that I last saw the deceased alive on Mar 14, 1954, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Geo. H. Jones M.D. ADDRESS Denton Md DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF March 19, 54

NAME OF CEMETERY OR CREMATORY: Denton.

LOCATION (City, town, or county) (State): Denton, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/19/54

REGISTRAR'S SIGNATURE Thos A Jones

24. FUNERAL DIRECTOR ADDRESS Denton Md

VS. A15

RECEIVED
MAR 26 1954
BUREAU V. S.

Item 9 film G 162 3/29/54 cm

2445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02431

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro.
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Lewis

4. DATE OF DEATH: (Month) Mar (Day) 19th (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Sept. 21st 1880.

9. AGE last birthday: 74 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burrsville, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Luff Lewis

14. MOTHER'S MAIDEN NAME: Mary Cavander,

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Welfare

17. INFORMANT & ADDRESS: Harvey Callison Price, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 30 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Mar. 19, 1954, that I last saw the deceased alive on Mar. 18, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Charles H. Stowe (Degree or title) Jr. ADDRESS Greensboro Maryland DATE SIGNED March 19 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar. 19th 54 NAME OF CEMETERY OR CREMATORY Denton Cemetery LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR March 19-1954 REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR J. Virgil Moore & Son, ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.

2446

02432

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) few hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Irving (Middle) Harrington (Last) Moore
4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/27/1907
9. AGE last birthday 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Continental Can Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ollie Moore
14. MOTHER'S MAIDEN NAME Martha Harrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If war, give war or dates of service) World War II Navy
16. SOCIAL SECURITY NO. 218-05-6820
17. INFORMANT AND ADDRESS Mrs Edith Moore, Hurlock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary Thrombosis.	2 MIN
Antecedent cause(s)	(b) Hypertension with arteriosclerosis.	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/4, 1954, that I last saw the deceased alive on 3/4, 1954 and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Kemmerer MD
ADDRESS Federalsburg Md
DATE SIGNED 3-6-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/7/1954
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) (State) Hurlock, Md.

DATE REC'D BY LOCAL REG. March 6, 1954
REGISTRAR'S SIGNATURE Margaret H. Frampton
24. FUNERAL DIRECTOR F. B. Willoughby
ADDRESS East New Market

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 10 1954
BUREAU V. S.

Item 9/film G 162 3/26/54 cm

2447

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02433

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
LENGTH OF STAY (in this place) 33 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Theadore (Last) Spiering

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4/17/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Spiering

14. MOTHER'S MAIDEN NAME: No Record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Gertrude Spiering Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion - thrombosis — Interval Between Onset And Death: 10 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary insufficiency — 2 mos.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1954, to March 8, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Wright MD — ADDRESS Greensboro Md. — DATE SIGNED Mar 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/11/54 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR March 11-1954 — REGISTRAR'S SIGNATURE L. MacPippin — 24. FUNERAL DIRECTOR R. B. Rawlings — ADDRESS Greensboro, Md.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Denton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Marion (Last) Wilson
4. DATE OF DEATH (Month) Mar. (Day) 22 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Jan. 1st 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Civil Engrr.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Wilson
14. MOTHER'S MAIDEN NAME: Anna DE Rouchbone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. Roland Chaffinch, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 975x (a) Drowning - Suicide - — INTERVAL BETWEEN ONSET AND DEATH Indeed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 1st degree Burns - due to hot water — —

DUE TO Turned on in bath Tub —

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 12 Mar

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Denton (County) Caroline (State) Md.

21d. TIME OF INJURY (Month) 3 (Day) 22 (Year) 1954 (Hour) ? M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? In bath tub - with running hot water

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Hanson D. George
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Mar. 24th
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton. (State) Md.

DATE REC'D BY LOCAL REG. 3/23/54
REGISTRAR'S SIGNATURE Hm D G George
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

RECEIVED
MAR 29 1954
BUREAU V. S